

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539932

FILING DATE

APPLICANT(S),

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	2		2			
5	1		1			
6	1		1			
7	1		1			
8	1		2			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	17	←	16	←	←	
TOTAL CLAIMS	18		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						